



Newgen's Solution for Provider Dispute Resolution





Overview

Providers play a central role in the healthcare ecosystem. Their interactions and engagement with payers, particularly during dispute resolution, are crucial during the payer-provider journey.

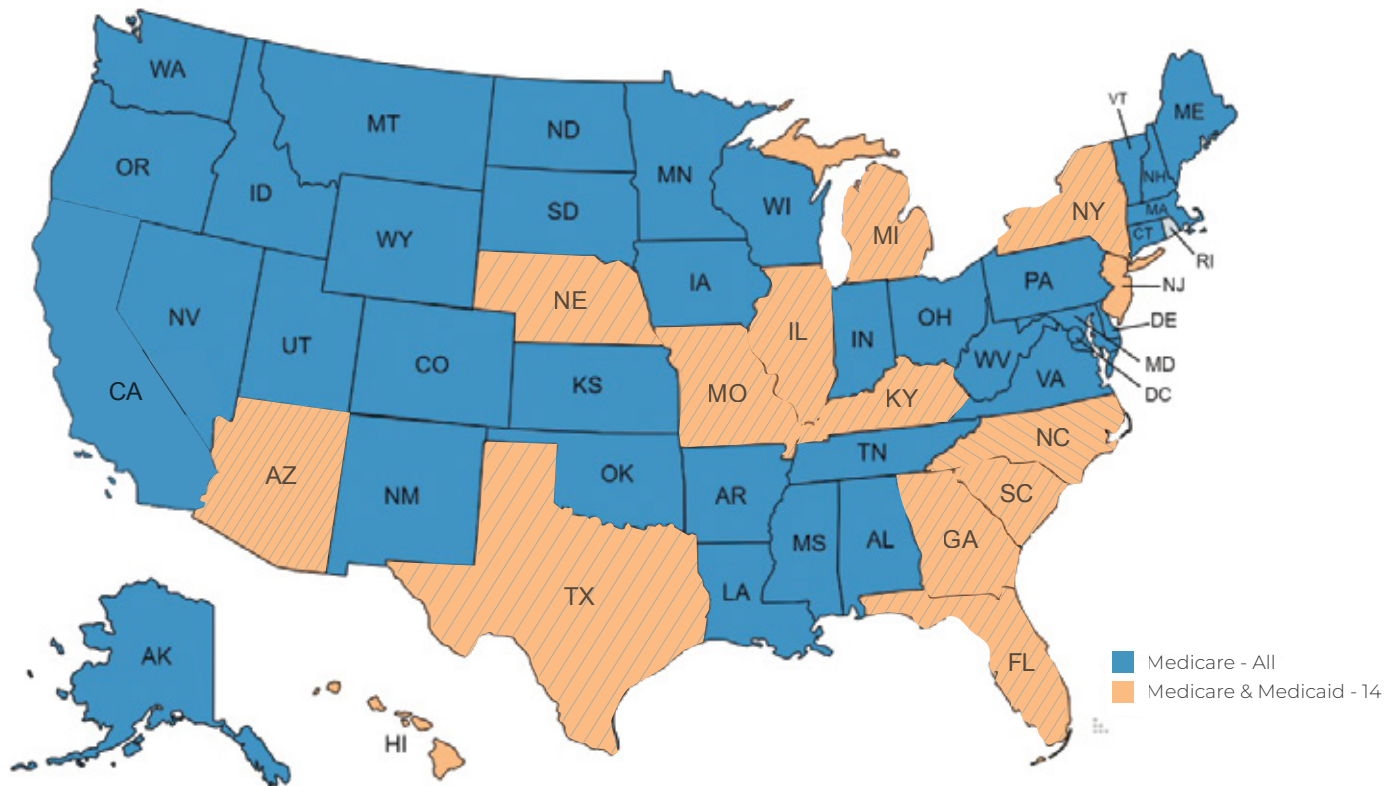
Newgen's Solution for Provider Disputes Resolution, built on **NewgenONE**, is designed to simplify provider claim disputes and inquiry processes for health plans while adhering to compliance mandates and ensuring payment integrity.

The **artificial intelligence (AI)-enabled, low-code solution** helps maximize operational efficiency by defining, measuring, analyzing, managing, and enhancing the entire dispute resolution process. With a configurable automation framework and a smart rule-driven engine, the solution optimizes resource allocation and streamlines disputes in a seamless manner. Furthermore, it helps deliver prompt case resolutions by automating document processing and correspondences, enriching data, and offering 360-degree case visibility. With detailed reporting, advanced search, and bulk processing capabilities, the solution empowers payers to frictionlessly manage disputes and deliver superior outcomes.

Extensive Coverage Across Markets

*Medicare | Medicaid | Commercial Plans |
Affordable Care Act (ACA)*

From a Few States to All, Newgen is Committed to Your Success



Newgen Health solutions offer extensive Medicare coverage nationwide, services across 14 Medicaid states, and customized products for ACA/exchange and commercial sectors available now.

Our solution is designed for efficient, cost-effective expansion into new markets, ensuring adherence to highly-tailored compliance mandates and business regulations down to the product level.



Core Capabilities of Newgen's Solution for Provider Dispute Resolution



Unified System



Capture and create new cases from various intake channels, including custom web portals, mailroom, and faxes



Smart Mail Processing Center



Connect with contextual content services (**Newgen's ECM platform**), allowing for seamless management of incoming documents and correspondences



Leverage AI to identify, classify, and route documents, including advanced extraction of both standardized and non-standardized claim documents



Automated Case Enrichment



Fetch eligibility, claims, and authorization details of members and providers automatically from the core system



Duplicate Check



Detect and flag duplicate entries to prevent fraudulent activities and duplicate processing



Identify closed cases that are similar to the active ones and offer insights for quick resolution



Intelligent Case Assignment



Optimize resource utilization by intelligently prioritizing and allocating cases while effectively managing escalations



Delegate cases to coordinators according to their expertise and skillset, including provider claim disputes, adjustment requests, high dollar claim reviews, payment integrity & SIU reviews, provider complaints, check requests, returned checks, and payment retraction processing



Case Collaborations and Redirects



Collaborate with other departments and redirect cases as needed, facilitating smooth communication and resolution of complex issues



Administer and conduct comprehensive clinical reviews on claims to ensure accuracy



Import collaboration details to create a unified view of case investigations and resolutions



Detailed Reporting and Analytics



Generate and schedule productivity reports to identify bottlenecks and training needs



Fetch operational reports to streamline workflows and effectively manage the workforce



Adhere to regulatory mandates while utilizing compliance reports



Tailor business reports to meet specific requirements or integrate custom modules





360-degree Case Visibility and Oversight



Access a central dashboard to conveniently manage all cases for members or providers. Get periodic status reports and case updates while keeping business managers duly informed



Leverage AI-driven decision support mechanism to derive insights from past decisions, ensuring consistency and compliant outcomes



Automated Correspondence



Automate the generation of compliant letters, eliminating manual intervention



Automate outreach for additional required information



Detailed Case History



Record all decisions, notes, and exceptions for future reference, facilitating seamless case management and ensuring accountability among case workers



Analyze patterns in provider behavior and uncover opportunities for enhancing internal claim processing



Quick and Advanced Search



Use quick search to access a single case at any stage of its lifecycle



Leverage advanced search functionality for cases based on the type and specific criteria when the case number is unknown





Bulk Assignments



Assign/reassign multiple cases to any group or searched user profile using specific criteria, such as denial codes, claim projects, and provider details



Utilize a dedicated screen to bulk cancel or bulk complete cases, addressing claim processing issues before disputes, complaints, and appeals arise



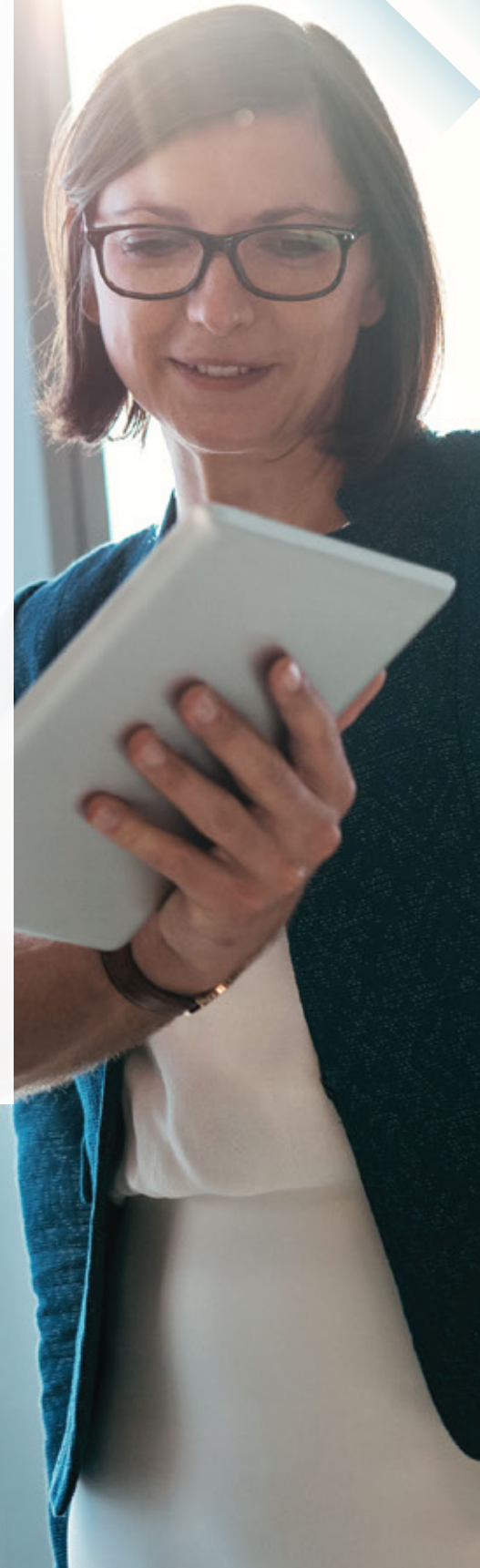
Automated Case Processing

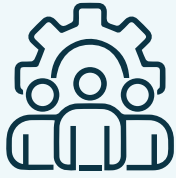


Approve/deny cases automatically based on certain denial codes and allowed reason codes



Identify a bulk/project of claims for reprocessing and load them in a single sweep. Ensure fast, automated processing that complies with requirements and offers immediate relief to payment issues



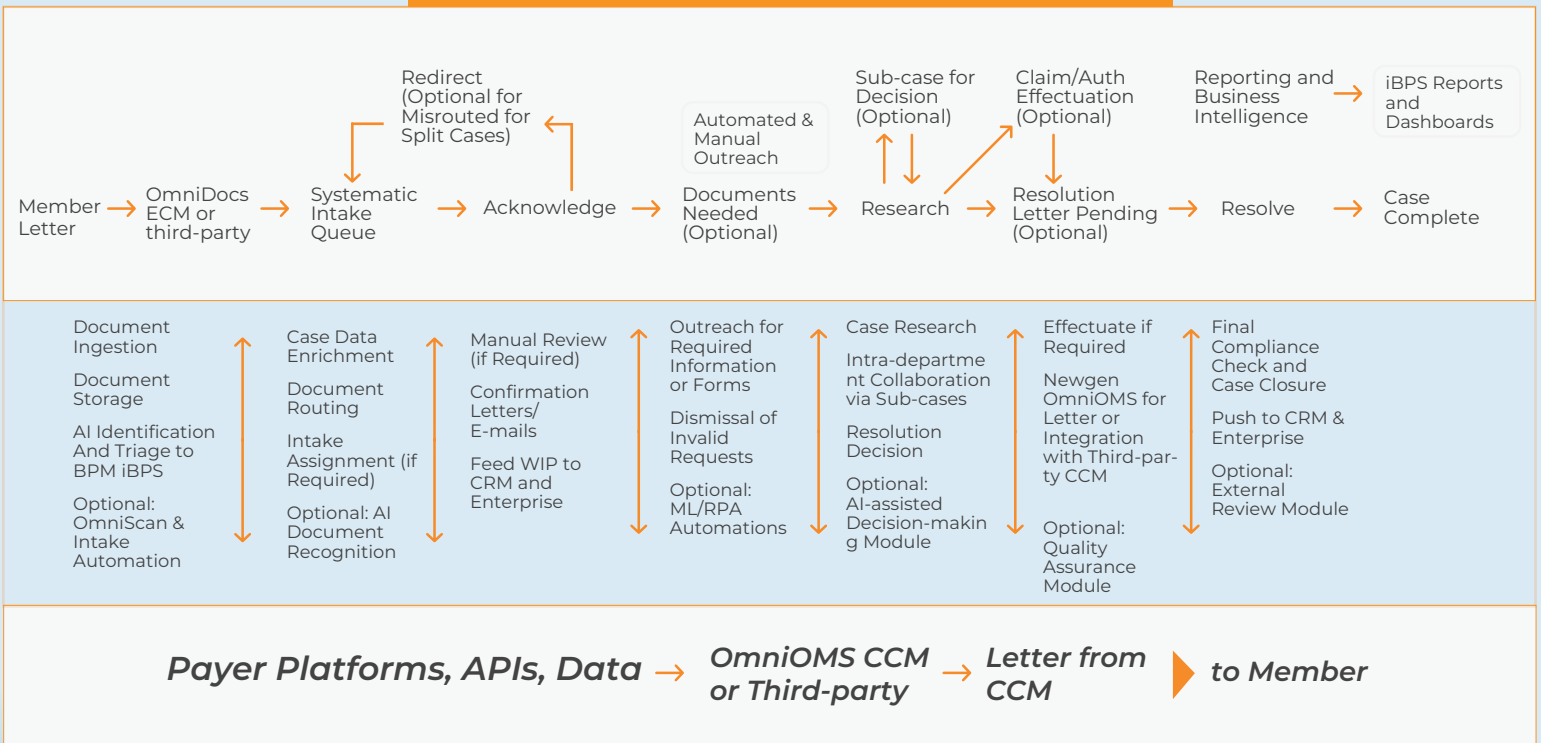


Distinct Views for Various Roles



Create customized dashboards for each role that highlight relevant metrics and tasks. For instance, intake workers can see client intake status, while managers can view the overall project progress

NewgenONE Complaints, Appeals, and Grievances Solution



Key Differentiator

Generative AI (GenAI)

Tap into the power of NewgenONE Marvin—our GenAI layer—to quickly scan documents, delivering insights and summaries in real time

Ask Marvin for any data and instantly receive/access the information with ease

Why Choose Newgen's Solution for Provider Dispute Resolution?



Smarter Decision-making: Improve interrater reliability and payment integrity



Real-time Oversight: Provide continuous monitoring of regulated cases for proactive management



Minimized Burnout: Optimize resource allocation to reduce staff exhaustion and promote well-being



Operational Efficiency: Save cost and achieve a minimum of 3:1 ROI



Enhanced Collaboration: Facilitate timely, auditable decisions through enhanced teamwork



Better Compliance: Ensure adherence to regulations, avoiding penalties

Scan here to learn more about Newgen Health





About Newgen

Newgen is the leading provider of AI enabled unified digital transformation platform with native process automation, content services, and communication management capabilities. Globally, successful enterprises rely on Newgen's industry-recognized low code application platform to develop and deploy complex, content-driven, and customer-engaging business applications on the cloud. From onboarding to service requests, lending to underwriting, and for many more use cases across industries. Newgen unlocks simple with speed and agility.

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